

This is a true and certified copy of the policy.



Berkley **PRIME**
TRANSPORTATION

| a Berkley Company

In the event of a loss, contact Berkley Prime Transportation anytime at:

Phone: 1-833-79-PRIME (77463)

Email: Claims@berkleyprimetrans.com

Mailing Address: P.O. Box 44048, Jacksonville, FL 32231

PRIVACY NOTICE

Berkley Casualty Company (the "Company"), a member company of the W.R. Berkley Corporation ("Berkley") group of companies and each other member of the Berkley group of companies ("Affiliates") understands our customers' concern about privacy of their information collected by the Company. Our Company is dedicated to protecting the confidentiality and security of nonpublic personal information we collect about our customers in accordance with applicable laws and regulations. This notice refers to the Company by using the terms "us," "we," or "our." This notice describes our privacy policy and describes how we treat the nonpublic personal information about our customers that we receive from them ("Information").

Why We Collect and How We Use Information.

We collect and use Information for business purposes with respect to our insurance products and services and other business relations involving our customers. We gather this Information to evaluate your request for insurance, to evaluate your insurance claims, to administer, maintain, or review your insurance policy, and to process your insurance transactions. We also accumulate certain information about you as may be required or permitted by law.

Your insurance agent or broker also collects this Information and may use it to help with your overall insurance program or to market additional products and services to you. We may also use Information to offer you other products or services that we or our Affiliates provide.

How We Collect Information.

Most Information collected by us is provided by you or your insurance agent or broker to us. We obtain Information from (i) applications or other forms submitted by you, your insurance agent or broker or your authorized representatives to us and our Affiliates, and (ii) your transactions with us or our Affiliates. We may also obtain Information from other sources such as (i) consumer reporting agencies, (ii) other institutions or information services providers, (iii) employers, (iv) other insurers, or (v) your family members.

Information We Disclose

We disclose any Information which we believe is necessary to conduct our business as permitted by applicable law or where required by applicable law. This disclosure may include (i) Information we receive from you on applications or other forms provided to us and our Affiliates, such as names, addresses, social security numbers, assets, employer information, salaries, etc. (ii) Information about your transactions with us and our Affiliates, such as policy coverages, premiums, payment history, etc., and (iii) Information we receive from a consumer reporting agency, such as credit worthiness and credit history.

To Whom We Disclose Information

We may, as permitted or required by applicable law, disclose your Information to nonaffiliated third parties, such as (i) your insurance agent or broker, (ii) independent claims adjusters, (iii) insurance support organizations, (iv) processing companies, (v) actuarial organizations, (vi) law firms, (vii) other insurance companies involved in an insurance transaction with you, (viii) law enforcement, regulatory, or governmental agencies, (ix) courts or parties therein pursuant to a subpoena or court order, (x) businesses with whom we have a marketing agreement, or (xi) our Affiliates.

We may share Information with our Affiliates so that they may offer you products and services from the Berkley group of companies or to analyze our book of business and to consolidate necessary information. We do not disclose Information to other companies or organizations not affiliated with us for the purpose of using Information to sell their products or services to you. For example, we do not sell your name to unaffiliated mail order or direct marketing companies.

How We Protect Information

We require our employees to protect the confidentiality of Information as required by applicable law. Access to Information by our employees is limited to administering, offering, servicing, processing or maintaining of our products and services. We also maintain physical, electronic and procedural safeguards designed to protect Information. When we share or provide Information to other persons or organizations, we contractually obligate them, if required by law, to treat Information as confidential and conform to our privacy policy and applicable laws and regulations.

Correction and Access to Information

Upon our receipt of your written request to us at 29 South Main Street, Suite 308N, West Hartford, CT 06107, we will, generally, make available Information for your review. If you believe the Information we have about you is incorrect or inaccurate, you may request that we make any necessary corrections, additions or deletions. If we agree with your belief, we will correct our records if required by applicable law. If we do not agree, you may submit to us a short statement of dispute, which we will include in any future disclosure by us of such Information if required by applicable law.

Requirements for Privacy Notice

This privacy notice is being provided due to recently enacted federal and state laws and regulations establishing new privacy standards and requires us to provide this privacy policy. For additional information regarding our privacy policy, please write to us at 29 South Main Street, Suite 308N, West Hartford, CT 06107.

Adopted: June 1, 2001

Berkley Casualty Company

A Berkley Company A Stock Company

Domicile Address: 601 Locust Street 4th Floor, Des Moines, IA 50309**Administrative Office:** One Metroplex Drive, 5th Floor Birmingham, AL 35209

IL DS 83 00 08 15

**COMMERCIAL LINES POLICY
COMMON POLICY DECLARATIONS****New Business****Policy No.: UAU 6505130 - 0**

Previous Policy No.:

Billing Method: Agency

Payment Plan: Composite Rated

Named Insured Name and AddressGustavo Jimenez, Inc
Southwest Freightlines
Po Box 371736
El Paso, TX 79937**Agency Name and Address**10040
(954)602-9390
First Light Program Managers, Inc. - MS
P.O. BOX 1370
Madison, MS 39130**POLICY PERIOD:** From 12/05/2020 to 12/05/2021 at 12:01 A.M. Standard Time at your mailing address shown above.**Business Description:****Form of Business:** Corporation

IN RETURN FOR YOUR PAYMENT OF THE PREMIUM AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Commercial Auto Coverage Part Premium

Motor Vehicle Crime Prevention Authority Fee:**TOTAL:**

20% Deposit Amount Due

NOTE: Deposit Amount is payable in addition to Total Premium as "Cash" or "Letter of Credit" Refer to Policy Terms for detailed information.

FORMS APPLICABLE TO ALL COVERAGE PARTS*See attached "Schedule of Forms and Endorsements"***THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGES FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.**Countersigned: _____
(Date)By: _____
(Authorized Representative)

Policy No.: UAU 6505130 - 0

IN WITNESS WHEREOF, we have executed and attested these presents.

Secretary

Philip S. Welt

President

[Signature]

COMMERCIAL AUTO
CA DS 83 05 08 19

Issuing Company: Berkley Casualty Company

MOTOR CARRIER DECLARATIONS

Policy No.: UAU 6505130 - 0

Previous Policy No.:

ITEM ONE:

NAMED INSURED AND MAILING ADDRESS	PRODUCER NAME AND ADDRESS	10040
Gustavo Jimenez, Inc Southwest Freightlines Po Box 371736 El Paso, TX 79937	(954)602-9390 First Light Program Managers, Inc. - MS P.O. BOX 1370 Madison, MS 39130	

POLICY PERIOD: From 12/05/2020 to 12/05/2021 12:01 A.M. Standard
Time at your mailing address shown above.

Form of Business: Corporation

ITEM TWO - Schedule of Coverages and Covered Autos

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". **"Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Motor Carrier Coverage Form next to the name of the coverage.**

Coverages	Covered Auto	Limit	Premium
Covered Autos Liability	64, 68, 71	\$1,000,000	\$ Included
Personal Injury Protection (or equivalent No-fault Coverage)		Separately Stated In Each PIP Endorsement	\$
Added Personal Injury Protection (or equivalent added No-fault Coverage)		Separately Stated In Each Added PIP Endorsement	\$
Extraordinary Medical Benefits		Stated In Extraordinary Medical Benefit Endorsement	\$
Auto Medical Payments		\$	\$
Medical Expense And Income Loss Benefits (Virginia Only)		Separately Stated In Medical Expense And Income Loss Benefits Endorsement	\$
Uninsured Motorists		Stated In UM Endorsement	\$
Underinsured Motorist (When not included in Uninsured Motorists Coverage)		Stated In UIM Endorsement	\$
Uninsured Motorists (Virginia Only)		\$	\$
Supplementary Uninsured Motorists		The maximum amount payable under SUM Coverage	\$
Trailer Interchange Comprehensive Coverage		Least Of Actual Cash Value, Cost Of Repair Or \$ Limit Of Insurance \$ Deductible For Each Covered Trailer	\$
Trailer Interchange Specified Causes Of Loss Coverage		Least Of Actual Cash Value, Cost Of Repair Or \$ Limit Of Insurance \$ Deductible For Each Covered Trailer	\$
Trailer Interchange Collision Coverage		Least Of Actual Cash Value, Cost Of Repair Or \$ Limit Of Insurance \$ Deductible For Each Covered Trailer	\$
Physical Damage Comprehensive Coverage (See Item Four for Hired or Borrowed Autos)		Least Of Actual Cash Value, Cost Of Repair, Or The Stated Amount Shown On The Schedule, Minus The Deductible Shown On The Schedule, But No Deductible Applies To Loss Caused By Fire Or Lightning	\$
Physical Damage Specified Causes Of Loss Coverage (See Item Four for Hired or Borrowed Autos)		Least Of Actual Cash Value, Cost Of Repair, Or The Stated Amount Shown On The Schedule, Minus The Deductible Shown On The Schedule For Loss Caused By Mischief Or Vandalism	\$
Physical Damage Towing And Labor		See Schedule For Each Disablement Of A Private Passenger Auto.	\$

Policy No.: UAU 6505130 - 0

	Premium For Endorsement
	MCCA Premiu
	Balance To Equal Minimum Premiu
	Estimated Total Premiu

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Audit Period (If Applicable): ANNUALLY

Endorsements Attached To This Policy: *See attached "Schedule of Forms and Endorsements"*